

<b>Case Number:</b>	CM13-0039075		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/28/2001
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 58 year old female presenting with low back pain following a work related injury on 04/28/2001. The claimant rates her pain at 6/10 localized to the low back, left buttocks and left iliac crest. The claimant had 4 acupuncture treatments for pain reduction. The claimant reports that she continues to work full duty and regularly does her exercises and stretches. The physical exam was significant for tenderness to the right low back and buttock. The claimant's medications included flexeril 10mg, Relafen 500mg, Prilosec and Theracare. The claimant was diagnosed with degenerative lumbar disc disease and myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SIX ACUPUNCTURE FOR THE LUMBAR SPINE FOR ONCE A WEEK FOR SIX WEEKS AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TITLE 8 CALIFORNIA CODE REGULATIONS, 9792.20 - PAGE 3.

**Decision rationale:** Six acupuncture for the lumbar spine for once a week for six weeks as an outpatient is not medically necessary. According to the MTUS guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication or use in combination with a physical rehab program.

**ONE MEDICATION LIDODERM 5% PATCH 1-2 DAILY; 30 QUANTITY FOR THE MANAGEMENT OF SYMPTOMS RELATED TO LUMBAR SPINE AS OUTPATIENT:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition, McGraw Hill, 2006; and the Physician's Desk Reference, 65th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** Lidoderm 5% patches are not medically necessary. According to the MTUS guidelines, "topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, the MTUS guidelines indicate that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Topical analgesics are not recommended for non-neuropathic pain." The employee was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. According to the MTUS guidelines, topical analgesic such as Lidocaine are not recommended for non-neuropathic pain.